### EXTENDED TO NOVEMBER 15, 2017

 $\mathsf{Form}\,990$ 

CAST OF STANDING COMPANY

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

6

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

Inspection

A	For t	ne 2016 calendar year, or tax year beginning and endi	ing			
В	Check applica	C Name of organization		D Employer ide	ntificati	on number
Γ	Add	iPSWICH EDUCATION FOUNDATION, INC				•
	Nam	6 5		0.4	-329	0520
	Initia		m/surte	E Telephone nu	_	
一	Fina	DO BOY 796	in suite			6-2935
	term	in-		G Gross receipts \$	<u> </u>	846,066.
		nded TDGETGET NA 01020	ŀ	H(a) Is this a grou	in return	
	App			for subordin		Yes X No
	pend	SAME AS C ABOVE		H(b) Are all subordina		
1	Гах-е	cempt status. X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527			(see instructions)
		ite: ► IPSWICHEDFOUNDATION.ORG		H(c) Group exem		
						ite of legal domicile: MA
	art,l		-			
٥	1	Briefly describe the organization's mission or most significant activities: TO PROV	VIDE	FUNDS FO	R CH	ARITABLE
Governance		EDUCATIONAL AND OTHER PUBLIC PURPOSES FOR T	THE S	SUPPORT O	F TH	E IPSWICH
Ĕ	2	Check this box if the organization discontinued its operations or disposed o				
Š	3	Number of voting members of the governing body (Part VI, line 1a)			3	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	12
es	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			5	0
<u>vi</u>	6	Total number of volunteers (estimate if necessary)			6	12
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34			7b	0.
				Prior Year		Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)	L	191,12	5.	823,197.
en c	9	Program service revenue (Part VIII, line 2g)			0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,09	8.	1,916.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	.,	193,22		825,113.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		162,39		718,349.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	ļ		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.	0.
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)		<u> </u>		,×,
Ψ.		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	קר	1,70		2,484.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A) line 25)	.	164,09		720,833.
- (0	19	Revenue less expenses. Subtract line 18 from line 12 8 NOV 2 2 2017		29,12	9.	104,280.
Sol		NOV 2 2 2017   9	Begi	inning of Current Ye		End of Year
aga		Total assets (Part X, line 16)		176,11	0.	<u>280,390.</u>
Net Assets or Fund Balances		Total liabilities (Part X, line 26)	<b> </b>		0.	0.
즪		Net assets of fund balances Subtract line 21 from line 20	4	176,11	0.	<u>280,390.</u>
	rt II	Signature Block				
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and s			of my kno	wledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	reparer h	as any knowledge.	-1-	
۵.		Signature of officer		Date	1201	<del>}</del>
Sign				Date		
Here	•	Type or print name and tible		<del></del>		<del> </del>
		Print/Type preparer's name	T Da	te / Check		PTIN
Paid		Print/Type preparer's name  JOHN J TSOUTSOURAS  Peparer's sponture  P	11	1/2/12/18		
Prepa	rer	Firm's name TSOUTSOURAS & COMPANY, P.C.		j sch ei		200449952 1-3279444
Use C		Firm's address 78 CENTRAL STREET		Firm's EIN	<b>V</b>	= J4/J444
500 0	,	IPSWICH, MA 01938		Phone no	78-1	356-0332
May	the IE	S discuss this return with the preparer shown above? (see instructions)		Frione no.	, , 0	X Vos No

	orm 990 (2016) IPSWICH EDUCATION FOUNDATION, INC	04-3290520 Page 2
Pa	Part III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	·
1	Briefly describe the organization's mission:	
	TO PROVIDE FUNDS FOR CHARITABLE EDUCATIONAL AND	
	FOR THE SUPPORT OF THE IPSWICH PUBLIC SCHOOL SYS	TEM
2	Same and the same	
		Yes 🗓 No
	If "Yes," describe these new services on Schedule O.	
3	grand and the state of the stat	ram services? Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Same by a surface	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo	cations to others, the total expenses, and
	revenue, if any, for each program service reported.	
4a		49.) (Revenue \$)
	DONATION TO THE IPSWICH PUBLIC SCHOOL SYSTEM FOR	
	ATHLETIC DEPARTMENT, FINE ARTS DEPARTMENT, AND T	HE BUILDING AND GROUNDS
	OF THE SCHOOLS.	
		<del></del>
4b	(Code) (Expenses \$ including grants of \$	) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$	) (Revenue \$)
ld	, ,	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
<u>le</u>	Total program service expenses ▶ 718,349.	
		Form <b>990</b> (2016)

#### Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C. Part I Х 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 ...... Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X 11 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in X Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X <u>1</u>1f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D. Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 . . Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

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			T.,	Γ
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<del>                                     </del>
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	x	}
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	\ <del>-</del> -		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		_	<del>  ^</del>
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		[	[
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1		<del>                                     </del>
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	İ		-
	Schedule K. If "No", go to line 25a	24a	}	X
ь		24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			<del></del>
·	any tax-exempt bonds?	24c		ł
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1244		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		-
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1		l
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	}		1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			İ
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		- 1	
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		i	l I
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1		
	Part V, line 1	34		_X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1	ļ	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		)	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 (	2016

Form **990** (2016)

04-3290520 Form 990 (2016) IPSWICH EDUCATION FOUNDATION, INC Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  $\overline{\mathbf{X}}$ Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes\_ No 1a Enter the number of voting members of the governing body at the end of the tax year ......... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 12 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a The governing body? b Each committee with authority to act on behalf of the governing body? .......... X **8**b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c X Did the organization have a written whistleblower policy? ... 13 13 Did the organization have a written document retention and destruction policy? ...... 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website \_\_\_ Another's website → Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:

Form **990** (2016)

01938

KEVIN MURPHY - 617-721-6818

7 PITCAIRN WAY, IPSWICH, MA

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

LX Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per	(do	not c	Pos heck	C) itior more	than	one th an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	od a o		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MICHELLE WERTZ	1.00	x		v				0	0	0
PRESIDENT/DIRECTOR	1 00	Δ		X	-	$\vdash$	├	0.	0.	0.
(2) KEVIN MURPHY	1.00	x		X				0.	0.	^
TREASURER/DIRECTOR	1.00	^	-	^	├		├	U .		0.
(3) BANDY CHIN	1.00	x		x	i		l	0.	0.	0.
SECRETARY/DIRECTOR	1.00	Λ		_		$\vdash$				
(4) STEVE KING VICE-PESIDENT/DIRECTOR	1.00	x		x				0.	0.	0.
(5) SUE BRENGLE	1.00	1	Н	2		┢═	-		0.	•
DIRECTOR	1.00	x						0.	0.	0.
(6) SHAWN CAYER	1.00						<del> </del>			
DIRECTOR		x	l				[ .	0.	0.	0.
(7) KEN SPELLMAN	1.00									
DIRECTOR		X						0.	0.	0.
(8) TAMA DONOVAN	1.00									
DIRECTOR		X						0.	0.	0.
(9) HELEN IRELAND	1.00									
DIRECTOR		X						0.	0.	0.
(10) JON ELDER	1.00									
DIRECTOR		X		_				0.	0.	0.
(11) WILLIAM WHITMORE	1.00		- 1							
DIRECTOR		X	_					0.	0.	0.
(12) STEVE KRAUSE	1.00	]	]							_
DIRECTOR		X						0.	0.	0.
1			i	}	ı					
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Form 990 (2016)

Form 990 (2016) IPSWICH	EDUCATIO	N :	FOL	ND	AT	IO	N, INC	04-3290	0520	Pa	ıge <b>8</b>
Part VII Section A. Officers, Directors, Tru	stees, Key Emp	loye	es, a	nd H	lighe	st C	Compensated Employe	es (continued)			
` (A) Name and title	(B) Average hours per week	(do no box, u officer	Po ot chec	(C) sitio k mor sersor		one th an	(D) Reportable	(E) Reportable compensation from related organizations	Esti	(F) mate ount o ther ensate	of
~	hours for related organizations below line)	Individual trustee or director	institutional trustee	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		m the nızati relate	on ed
			$\dagger$								
		_	+	<u> </u>	+-	$\vdash$			<del>                                     </del>	· · · · ·	
			╁	-	+	-	<del> </del>		<del> </del>		
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		_	-	_	-						
		4	$\perp$	<u> </u>	_				<u> </u>		
							<u> </u>				
1b Sub-total							0.	0,			0.
c Total from continuation sheets to Part V							0.	0.	<del></del>		0.
d Total (add lines 1b and 1c)	ot limited to the		tod s		- · ·	<b>P</b>	<del></del>		<u></u>		<u> </u>
compensation from the organization		30 II	icu a	LOOV	C) WI	10 16	scerved more than \$100	,000 or reportable			0
									Y	es	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s					oyee,			mployee on	3		x
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	ım of reportable	com	pens	atior	n and	oth	ner compensation from	the organization	4		x
5 Did any person listed on line 1a receive or a		-						dual for services	-	1	
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	J for	<u>such</u>	pers	son .		· · · · · · · · · · · · · · · · · · ·		5		<u>X</u>
Complete this table for your five highest co     the examination Report componential for									sation fro	m	
the organization. Report compensation for (A)	irie caleridai yea	11 6110	Jing	MILIT	OI WI		(B)		(C)		
Name and business	address 1	NON	E			$\dashv$	Description of s	ervices (	Compens	ation	—
			_		_	_				_	
						4					
				_	_,				···		
			=								
		-									_
2 Total number of independent contractors (ii	-	limit	ed to		se lis	ted	above) who received m	ore than .	-		
\$100,000 of compensation from the organization	ation	-			<u>,                                    </u>			·	Form 99	0 (20	016)

_			Check if Schedule O con	tains a response	e or note to any l	ine in this Part VIII			$\Box$
	( ) / ·	٠,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns	1а		1,7	, , ,	•	,
g.	3	b	Membership dues	1b				ŕ	ļ
LS, C		C	Fundraising events	. 1c	65,552		`	,	
E F	į	đ	Related organizations	. 1d		] ; ,` '			],
S, E		e	Government grants (contribut	tions) 1e			, ,-	•	1
÷ ₹	<u>'</u>	f	All other contributions, gifts, gran	nts, and					-
.ē₹			similar amounts not included abo	ve 1f	757,645.			•	,
200		g	Noncash contributions included in lines	s 1a-1f \$				1 2 4m	
<u>ပို</u> နိ		h	Total. Add lines 1a-1f			823,197.	1 W	- '- '	
					Business Code	• ** · · · · · · · · · ·	16.2 25 45		- *
မွ	2	а							
ه ڲ	, İ	b							
Program Service Revenue		С							
e a	İ	đ							
<u>6</u> .	l	е					,		
<u>~</u>		f	All other program service reve	nue					
		g	Total. Add lines 2a-2f		. •			, ,	
	3		Investment income (including	dividends, inter	est, and				
			other similar amounts)		▶	1,864.			1,864.
	4		Income from investment of tax						
	5		Royalties		<u> </u>				
				(i) Real	(ii) Personal		1 - 1	· · · · · · · · · · · · · · · · · · ·	
	6	а	Gross rents			40			
		b	Less rental expenses				·	- '	
		С	Rental income or (loss)						
		d	Net rental income or (loss) .		•				
	7	а	Gross amount from sales of	(i) Securities	(ii) Other	1 1 5 h	L 25 - 13	4 - 1	, (A.)
			assets other than inventory	52.		\$		The state of the s	Maria de de la companya del companya del companya de la companya d
	1	b	Less: cost or other basis					r 	,
			and sales expenses	0.		13,2			
			Gain or (loss)	52.			÷er, ÷,	, <del>2</del> ,	
		d i	Net gain or (loss)			52.		,	52.
e e	8 :	а	Gross income from fundraising	events (not		. +>3			
				52. of				-	
Other Reven		(	contributions reported on line			,	,		
<u> </u>			Deat N. I.m. a 40	a	20,953.	est.	,	,	
Ĕ	t	o I	Less: direct expenses		20,953.			4	
٦	•	ا د	Net income or (loss) from fundi	raising events	>	0.			
[	9 a	a (	Gross income from gaming act	tivities. See		<i>z</i> ,	12 mg	13 1/3/3/2	
ŀ		F	Part IV, line 19	, a					15 3 C N W
	t	l	_ess: direct expenses				1.5	* 200 m	
	c	: 1	Net income or (loss) from gamil	ng activities .	<b>&gt;</b>		, ,	*	· ·
	10 a	• (	Gross sales of inventory, less re	eturns		3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		,- ,	¥ , , , , ,
ŀ		a	and allowances	a					, -
ĺ	b	L	ess: cost of goods sold			· , ,	, ,		
		: 1	Net income or (loss) from sales	of inventory					
			Miscellaneous Revenue		Business Code				
	11 a	_ ا				<u> </u>			
	b	, _							
	c								
	d	A	All other revenue	[					
	е	T	otal. Add lines 11a-11d		<b>.</b>				
	12	Ţ	otal revenue. See instructions.			825,113.	0.	0.	1,916.
รอบบอ									5 000 :00

Sec	tion 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. All o	ther organizations must o	complete column (A).	
	Check if Schedule O contains a respo	nse or note to any line i		<u></u>	<u>.                                    </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			1. 1. 1. v. 2	
	and domestic governments. See Part IV, line 21	718,349	718,349	4. 1	
2	Grants and other assistance to domestic				
	ındividuals. See Part IV, line 22			*****	-1.
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				, , , , , , , , , , , , , , , , , , ,
	ındıviduals. See Part IV, lines 15 and 16			<u>}</u>	
4	Benefits paid to or for members				, , , , , , , , , , , , , , , , , , , ,
5	Compensation of current officers, directors,		1	1	
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	i		}	
	persons described in section 4958(c)(3)(B)			ļ	
7	Other salaries and wages		<u> </u>	ļ	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	<del></del>	<u> </u>		
9	Other employee benefits	<del></del>		 	<u> </u>
10	Payroll taxes				 
11	Fees for services (non-employees):				
а	Management		<u>                                       </u>		
b	Legal				
С	Accounting	2,000.	ļ	2,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		5	F. 3 1	
f	Investment management fees	<del></del>			
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)		<del></del>		
12	Advertising and promotion	404		404	
13	Office expenses	424.		424.	· · · · · · · · · · · · · · · · · · ·
14	Information technology	· · . · . · . · . · . · . · . · . · .	<del></del>		<del></del>
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses		į		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates			<del> </del>	
22 23					
23 24	Other expenses. Itemize expenses not covered		5		<del>-,</del>
24	above. (List miscellaneous expenses in line 24e. If line)			-5.	<b>v</b>
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)			, ;	, - t
а	FILING FEES	60.		60.	
b					
C					
d		·····	,		<del></del>
	All other expenses				<del></del>
25	Total functional expenses. Add lines 1 through 24e	720,833.	718,349.	2,484.	0.
<u>23                                    </u>	Joint costs. Complete this line only if the organization		7 20 7 0 20 0	<u></u>	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			ļ	
	Check here following SOP 98-2 (ASC 958-720)	i		İ	
_				<del>~~~~~</del>	

Form 990 (2016)

176,110

Total liabilities and net assets/fund balances

	1990 (2016) IPSWICH EDUCATION FOUNDATION, INC	<u>04-329</u>	<u>0520</u>	Pag	<sub>le</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	825	5,1	13.
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,8	
3	Revenue less expenses. Subtract line 2 from line 1	3	104	1,2	80.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	176	1.	10.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	280	),39	<u>90.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		· · -	<u>ليا</u>
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		1 1	l	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		1		
2a			2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a	} }	- 1	
	separate basis, consolidated basis, or both:			ļ	,
	Separate basis Consolidated basis Both consolidated and separate basis				*
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		1	,
	consolidated basis, or both:		1 .	ļ	
	Separate basis Consolidated basis Both consolidated and separate basis			}	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit	1 1	İ	
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	····	3b		
			Form 9	<b>990</b> (2	2016)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Nan	ne of t	the organization						Employe	r identification number			
		IPSV	VICH EDUCAT	TION FOUNDAT	ION, I	INC		0	4-3290520			
Pa	rt I	Reason for Public	Charity Status	(All organizations must o	omplete th	nis part.) S	ee instruction	s.				
The	organ	ization is not a private foun	dation because it is:	(For lines 1 through 12,	check only	y one box.	)					
1		A church, convention of ch	hurches, or associate	on of churches describe	ed in <b>secti</b> e	on 170(b)(	1)(A)(i).					
2	$\Box$	A school described in sec	tion 170(b)(1)(A)(ii).	(Attach Schedule E (For	m 990 or 9	90-EZ).)						
3	닏	A hospital or a cooperative	e hospital service org	ganization described in s	ection 17	O(b)(1)(A)(	iii).					
4		A medical research organization	zation operated in co	onjunction with a hospita	al describe	d in sectio	on 170(b)(1)(A	)(iii). Enter	the hospital's name,			
		city, and state:										
5	Ш	An organization operated f		ollege or university owner	d or opera	ated by a g	jovernmental i	unit describ	oed in			
		section 170(b)(1)(A)(iv). (										
6	$\square$	A federal, state, or local go	overnment or govern	mental unit described in	section 1	70(b)(1)(A	)(v).					
7	LXJ	An organization that norma	ally receives a substa	antial part of its support	from a gov	vernmenta	l unit or from t	he general	public described in			
	section 170(b)(1)(A)(vi). (Complete Part II.)											
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college											
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or											
	г	university:										
10	Ш	An organization that norma										
		activities related to its exer	-						•			
		income and unrelated busi		e (less section 511 tax) ti	rom busine	esses acqu	airea by the or	ganization	aπer June 30, 1975.			
11		See section 509(a)(2). (Co	•	analy to toot for public o	ofaby Saa	anation E	00(=)(4)					
12	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or											
12		more publicly supported or	· ·	-	•							
		lines 12a through 12d that							SHOOK the Box in			
а		Type I. A supporting orga							, aıvina			
Ī		the supported organization		•	•	-						
		organization You must o			,,							
b		Type II. A supporting org	•		tion with it	ts support	ed organizatio	n(s), by ha	iving			
		control or management of										
		organization(s) You mus			•			•	•			
С		Type III functionally inte	egrated. A supportin	g organization operated	in connec	tion with,	and functional	lly integrate	ed with,			
		its supported organizatio	n(s) (see instructions	s). You must complete!	Part IV, Se	ections A,	D, and E.					
d		Type III non-functionally	y integrated. A supp	orting organization ope	rated in co	nnection v	with its suppoi	ted organi	zation(s)			
		that is not functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and	d an attent	iveness			
		requirement (see instruct	ions). <b>You must co</b> r	nplete Part IV, Sections	s A and D	, and Part	٧.					
е		Check this box if the orga	anızation received a	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III				
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.			·			
		the number of supported of							L			
<u>g</u>		de the following information			I /iv) Is the orns	hetsil nodesine			(-2) A			
	(1)	Name of supported organization	(ii) ÉIN	(iii) Type of organization (described on lines 1-10		inization listed ing document?	(v) Amount of support (see in	-	(vi) Amount of other support (see instructions)			
				above (see instructions))	Yes	No	заррог (осе п					
					ļ							
			<del></del>	. <u> </u>								
				:	[							
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		,			Į							
				<del></del> -								
otal												

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(ь) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	43,761.	70,461.	148,959.	191,125.	823,197.	1277503.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			i			
4	Total. Add lines 1 through 3	43,761.	70,461.	148,959.	191,125.	823,197.	1277503.
5	The portion of total contributions				* ' '	, , , , , , , , , , , , , , , , , , , ,	
	by each person (other than a		4,1			75 1 1 1	
	governmental unit or publicly	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )			
	supported organization) included			**	- 8 - 3 - 5.	, '	!
	on line 1 that exceeds 2% of the	R-15 (A)		2.1			
	amount shown on line 11,					,	
	column (f)	, ,, ,, ,,	·	, , ,			710,837.
6	Public support. Subtract line 5 from line 4	,	3, 3			,	566,666.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	43,761.	70,461.	148,959.	191,125.	823,197.	1277503.
	Gross income from interest,				•	•	
_	dividends, payments received on	i					
	securities loans, rents, royalties						
	and income from similar sources	551.	672.	1,657.	2,098.	1,916.	6,894.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)				26,566.	20,953.	47,519.
44	Total support. Add lines 7 through 10		1 , q	1 3 3 N	A	20,3331	1331916.
	Gross receipts from related activities,	etc (see instruction	nel	****		12	
	First five years. If the Form 990 is for				ıx vear as a sectio		
13	organization, check this box and stop		mot, dodona, tim	a, 10ana, or mark	or your as a soons.		. ▶□
Sec	tion C. Computation of Publi	ic Support Per	centage				
	Public support percentage for 2016 (I			olumn (fl)		14	42.55 %
	Public support percentage from 2015		=	,		15	62.42 %
	33 1/3% support test - 2016. If the o						
	stop here. The organization qualifies						▶X
	33 1/3% support test - 2015. If the o		•				is box
	and stop here. The organization quali						
	10% -facts-and-circumstances test				• • • • • • •		or more.
	and if the organization meets the "fac-						
	meets the "facts-and-circumstances"						<b>▶</b>
	10% -facts-and-circumstances test					7a. and line 15 is:	10% or
	more, and if the organization meets th	_					
	organization meets the "facts-and-circ						▶□
	Private foundation. If the organization						
ıg	rivate toundation. If the organization	n did not check a t	20A OIT III 10 13, 106	1, 100, 11a, 01 1/0	, crieck trils DOX a	dule A (Form 900)	

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
ınclude any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that		1		1		1
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-		<u> </u>				
ization's benefit and either paid to						
or expended on its behalf						1
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge					<u> </u>	
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons				ļ		
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b			1			
8 Public support. (Subtract line 7c from line 6)		V .	1 1 10h 1 2	·	- , ,	
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the	ne organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here	_ <u></u>			<u> </u>		
Section C. Computation of Public	Support Per	rcentage				
15 Public support percentage for 2016 (line			column (f))		15	%
16 Public support percentage from 2015 S	chedule A, Part	III, line 15		····	16	%
Section D. Computation of Invest						
7 Investment income percentage for 2016	(line 10c, colun	nn (f) divided by li	ne 13, column (f))		17	%
8 Investment income percentage from 20	15 Schedule A,	Part III, line 17			18	9/
19a 33 1/3% support tests - 2016. If the or	ganization did n	ot check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box and						▶□
b 33 1/3% support tests - 2015. If the or	ganızation did n	ot check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, check	this box and st	t <b>op here.</b> The org	anization qualifies	as a publicly supp	orted organization	▶□
Private foundation. If the organization of	did not check a f	box on line 14, 19	a, or 19b, check t	his box and see in	structions .	<b>.</b> ▶□

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

c -	-4:		Commondia.	^	-:
Sе	CUON	A. AII	Supporting	a Organ	uzauons

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	_2	ļ	
	3a		
	3b		
		<u> </u>	
	3c	-	
	4a		
	4b_		
	4c		
	i.	,	V 2
	5a		
	5 <u>b</u>		
	5c		
		,	
	6		
		-	
į	7		
	8		
	9a		
	9b	-	
	9c		
	10a		
j	10b		
_			

	edule A (Form 990 or 990-EZ) 2016 IPSWICH EDUCATION FOUND			04-3290520 Page 6
	Typo in item i unotionally integrated obstacle) cupper this			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	-		Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete	Sections A through E.	(D) C
Sect	tion A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	_		1
	collection of gross income or for management, conservation, or		1	1
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		1
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	7.	= , , , , , , , , , , , , , , , , , , ,	
	instructions for short tax year or assets held for part of year):	1-	, , ,	} ·
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	\$1.50 X	7	
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	<del>-</del> -		
•	see instructions)	4		}
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recovenes of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	on C - Distributable Amount		(, )	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2	( '.' , ,	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	, , ,	
4	Enter greater of line 2 or line 3	4	1	
	Income tax imposed in prior year	5	, 1, 1/ + , , , ,	
	Distributable Amount. Subtract line 5 from line 4, unless subject to		. * -	<del> </del>
-	emergency temporary reduction (see instructions)	6		1

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Sch	edule A (Form 990 or 990-EZ) 2016 IPSWICH EDUC. Int V Type III Non-Functionally Integrated 50	ATION FOUNDATION  (a)(3) Supporting Ordinal	ON, INC (	04-3290520 Page 7
Sec	tion D - Distributions	otalio oupporting org	gamzations (commueu)	Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes	··· · · · · · · · · · · · · · · · · ·	Ourrent real
2	Amounts paid to perform activity that directly furthers exen			
	organizations, in excess of income from activity			
_3	Administrative expenses paid to accomplish exempt purpo			
4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)			
_6_	Other distributions (describe in Part VI). See instructions			
	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is responsive	/e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-	<u> </u>	-	
-	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
<del></del> а	Excess distributions carryover, if any, to 2010.			
b b			3.0	
	From 2013	- k		
	From 2014			
	From 2015		7.	
	Total of lines 3a through e	<u> </u>		
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount		,	
i	Carryover from 2011 not applied (see instructions)		, 1 to 1	
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		750	
4	Distributions for 2016 from Section D,	5 4 5 5	13 - 15 - 15 - 15 - 15 - 15 - 15 - 15 -	-
	line 7: \$	4.		, , , , , , , , , , , , , , , , , , , ,
а	Applied to underdistributions of prior years	- 1 1 may not the		
b	Applied to 2016 distributable amount	and the second of the second o	", . th	
С	Remainder. Subtract lines 4a and 4b from 4		April A	\$ - \ \ , · - \ \
5	Remaining underdistributions for years prior to 2016, if	- 3		,*
	any. Subtract lines 3g and 4a from line 2. For result greater			,
	than zero, explain in Part VI See instructions	-		
6	Remaining underdistributions for 2016 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in	. '		
	Part VI. See instructions			
	Excess distributions carryover to 2017. Add lines 3j		·	
	and 4c		Palet 1	
8	Breakdown of line 7:			2-5
а	the state of the s			₹
	Excess from 2013			
_	Excess from 2014	, ,		
d	Excess from 2015	12.52		
	-voogo trom UNIE		^ -	

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-E2	) 2016 IPS	WICH ED	<u>UCATION</u>	<u> FOUNDATIO</u>	ON, INC	04-3290520 Page t
Part VI	line 1; Part IV, Section A,	lines 1, 2, 3b, 3 ion D, lines 2 ai	ic, 4b, 4c, 5a, nd 3; Part IV,	, 6, 9a, 9b, 9c, Section E, line	11a, 11b, and 11c; s 1c. 2a. 2b. 3a. an	Part IV, Section B, line: d 3b; Part V, line 1; Par	or 17b; Part III, line 12, s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V.
	Section D, lines 5, (See instructions.)	6, and 8; and P	art V, Section	n E, lines 2, 5, a	nd 6 Also complet	e this part for any addr	tional information
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,	·						
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#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

Name of the organization

**Employer identification number** 

Th-	IPSWICH EDUCATION I		04-3290520
Pa	art I Organizations Maintaining Donor Advised		Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
	<u> </u>	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	rriting that the assets held in donor advised fu	unds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes 🔲 No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be used	i only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose confe	erring
	•	· · · · · · · · · · · · · · · · · · ·	
Pa	rt II Conservation Easements. Complete if the orga		
1	Purpose(s) of conservation easements held by the organization	<del></del>	<u></u>
•	Preservation of land for public use (e.g., recreation or ed	`	lly important land area
	Protection of natural habitat	Preservation of a certified	• •
	Preservation of open space	Fleseivation of a certified i	nistone structure
2	•	ad agreement on acceptable tion in the form of a	concentration assessment on the last
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form of a c	
_	day of the tax year.		Held at the End of the Tax Year
a			2a
Ь			2b
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired at	ter 8/17/06, and not on a historic structure	ł
			_2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the orga	anization during the tax
	year >		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it t	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing conserva	tion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation e	easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4)(	(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes the or	rganization's accounting for
	conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	<del></del>	and balance sheet works of art.
•	historical treasures, or other similar assets held for public exhib		
	the text of the footnote to its financial statements that describe		. pablic control, provide, in transfer,
6	If the organization elected, as permitted under SFAS 116 (ASC		halance short works of art, historical
	treasures, or other similar assets held for public exhibition, edu		
		cation, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:		<b>*</b>
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	If the organization received or held works of art, historical treas		, provide
	the following amounts required to be reported under SFAS 116	· •	
	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>
_HA	For Paperwork Reduction Act Notice, see the Instructions f	or Form 990.	Schedule D (Form 990) 2016

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		H EDUCATION						29052		age 2
Pa	rt III   Organizations Maintaining	Collections of Ar	rt, Historical Tr	easures, c	<u>or Oth</u>	<u>er Sim</u>	ilar Asse	ts(contir	rued)	
3	Using the organization's acquisition, acces	ision, and other record	ls, check any of the	following tha	at are a s	significai	nt use of its	collection	n item:	s
	(check all that apply):		<del></del> -							
a	Public exhibition	d		hange progra						
b	Scholarly research	е	Other					<del></del> _		
C	Preservation for future generations									
4	Provide a description of the organization's							rt XIII.		
5	During the year, did the organization solicit				er sımıla	ır assets				_
	to be sold to raise funds rather than to be r						<u> </u>	<u>Yes</u>		No
Pa	rt IV Escrow and Custodial Arra		ete if the organizatio	n answered	"Yes" o	n Form 9	90, Part IV	line 9, or		
	reported an amount on Form 990, P		<del></del>							
1a	Is the organization an agent, trustee, custo						ed	٦.,		٦
_								_ Yes	L	No
b	If "Yes," explain the arrangement in Part XI	II and complete the fol	llowing table:				т			
						-	+	Amount	<del></del>	
	Beginning balance									
a	Additions during the year									
е.	Distributions during the year					- 1				
f	-				• • • • •	. <u>  1f</u>		] v		1
	Did the organization include an amount on					•	∟	∟ Yes	<u> </u>	J No 1
	rt V Endowment Funds. Complete						·			<u></u>
<u> </u>	2 Zinastriione i anasi completo	(a) Current year	(b) Prior year	(c) Two year			e vears hack	(e) Four	Veare	hack
10	Beginning of year balance	54 952.			2 035.	(u) the	52.035	1		621.
1a h	Cantabutiana	34,932,	53,175,		2,033,	_	52,035	<del>'</del>		021,
0	Net investment earnings, gains, and losses	1,214.	1.777.		1 140.			<del> </del>		414.
d		1,214,	1,777,		1,140,			<del> </del>		414.
	Other expenditures for facilities							<del> </del>		
-				•				Į.		
f	Administrative expenses							<del> </del> -		
-	End of year balance	56,166,	54.952.	E 3	3 175.		52.035.	<del> </del>		035.
g 2	Provide the estimated percentage of the cu				3 , 1 / 3 <sub>0</sub> 1		32,033,	·k		033.
٤,	Board designated or quasi-endowment	Tone your one balance	%	y riela as.						
b	Permanent endowment > 90.16	%								
	Temporarily restricted endowment	9.84 %								
·	The percentages on lines 2a, 2b, and 2c she									
32	Are there endowment funds not in the poss	=	ition that are held a	nd administe	red for t	he orgai	nization			
-	by:							Γ	Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations				• • • • • • • • • • • • • • • • • • • •	• ••		3a(ii)	$\neg \uparrow$	X
b	If "Yes" on line 3a(ii), are the related organiz							3b		
4	Describe in Part XIII the intended uses of th						••			
	t VI Land, Buildings, and Equipr									
	Complete if the organization answere		, Part IV, line 11a. S	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or ot				ccumula	ted	(d) Book	value	
	The state of the s	basis (ınvestm	, , ,	1	• •	preciatio		(,		
1a	Land									
	Buildings	•								
	Leasehold improvements							<del></del>		
	Equipment									
	Other									
	. Add lines 1a through 1e. (Column (d) must e	equal Form 990. Part >	(, column (B), line 1	0c.)			<b>&gt;</b>		-	0.

Schedule D (Form 990) 2016

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. Schedule D (Form 990) 2016

(5) (6) (7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

#### **SCHEDULE G** (Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Open to Public** Inspection

reame of the organization IPSWICE	H EDUCATION FOUNDAT	ידON	'. Т	NC.	04-3290	ntification number
	5. Complete if the organization answe					
Indicate whether the organization rate a Mail solicitations     b Internet and email solicitation c Phone solicitations     d In-person solicitations     2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the	e Solicitat f Solicitat g Special  or oral agreement with any individual Part VII) or entity in connection with prividuals or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-g gover ising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	Did aiser istody trol of itions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
· · · · · · · · · · · · · · · · · · ·						
			-			
or licensing.	on is registered or licensed to solicit co	ontrib	utions	or has been notified	I it is exempt from re	gistration

Schedule G (Form 990 or 990-EZ) 2016

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

P	art		ne organization answere	d "Yes" on Form 990, P	art IV, line 18, or reporte	
		of fundraising event contributions and gr	<del></del>			ipts greater than \$5,000.
	Ì		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GOLF	1	NONE	(add col. (a) through
	1		TOURNAMENT			col. (c))
e			(event type)	(event type)	(total number)	- COI. (C)/
Revenue	1	Gross receipts	86,505			86,505.
	2	Less: Contributions	65,552			65,552.
	3	Gross income (line 1 minus line 2)	20,953.			20,953.
	۱,	Cash prizes		ļ		
	4	Casil plizes		<del> </del>		
98	5	Noncash prizes				
pens	6	Rent/facility costs				
Direct Expenses		Food and beverages				
Öľě	′	rood and beverages			<del> </del>	
	8	Entertainment				
	9	Other direct expenses				20,953.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		🕨	20,953.
	11	Net income summary. Subtract line 10 from li				0.
Pa	rt I	II Gaming. Complete if the organization a	answered "Yes" on Form	n 990, Part IV, line 19, o	r reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Ф			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) billigo	bingo/progressive bingo	(c) Other gaining	col. (a) through col (c))
ě						
<u></u>	1	Gross revenue				
						<u> </u>
8	2	Cash prizes			,	
ense						
Direct Expenses	3	Noncash prizes				
Öre	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes % ☐ No	Yes%		
	0	volumeer labor [	<u> </u>	L No	│└ No	•
	7	Direct expense summary. Add lines 2 through	5 in column (d)		<b>. &gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)	· · · · · · · · · · · · · · · · · · ·	<u></u>	
9	Ente	er the state(s) in which the organization condu	cts gaming activities:			
а	is th	e organization licensed to conduct gaming ac	tivities in each of these	states?		Yes No
		o," explain:				
		e any of the organization's gaming licenses re-	•	<del>-</del>	year?	Yes No
b	If "Y	es," explain.				
						rm 000 or 000 E7\ 0046

Schedule G (Form 990 or 990-EZ) 2016 IPSWICH EDUCATION FOUNDATION, INC 04-	<u>-3290520</u>	) Page <b>3</b>
11 Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	∐ No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
b An outside facility	. 13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name		
Address ▶		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount		
of gaming revenue retained by the third party > \$		
c If "Yes," enter name and address of the third party:		
Name		
Address ▶		
16 Gaming manager information:		
To Carring Hanager Information.		
Name		
Gaming manager compensation ▶ \$		
Description of services provided	<del></del>	
Director/officer Employee Independent contractor		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	└ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year  \$\bigsim \$\$  Part IV   Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III.	lines D. Ob. 11	0h 1Fh
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	ines 9, 90, 10	JD, 13D,
130, 10, and 170, as applicable. 7430 provide any additional information, dee instructions		<del></del>
		<del></del>
		·
		_
92083 09-12-16 Schedule G (For	m 990 or 990	-EZ) 2016

Schedule G	G (Form 990 or 990-EZ)	IPSWICH	EDUCATION	FOUNDATION,	INC	04-3290520	Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Infor	rmation (contin	ued)				
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Employer identification number 04-3290520 Open to Public OMB No 1545-0047 2016 Inspection (h) Purpose of grant or assistance X Yes GENERAL SUPPORT Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 718,349 INC IPSWICH EDUCATION FOUNDATION, (c) IRC section (if applicable) TOWN OF IPSWICH 04-6001191 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government IPSWICH PUBLIC SCHOOLS Name of the organization IPSWICH MA 01938 Department of the Treasury 25 GREEN STREET Internal Revenue Service SCHEDULE (Form 990) Part Part

**2** 

2 Enter	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	
; i		
3 Enter	3 Enter total number of other organizations listed in the line 1 table	
LHA For	LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	 Schedule   (Form 900) (2018)

Page 2 Schedule I (Form 990) (2016) (f) Description of noncash assistance 04-3290520 (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance THE ORGANIZATION DOES NOT MONITOR THE USE OF GRANT FUNDS. IPSWICH EDUCATION FOUNDATION, INC (c) Amount of cash grant 34 (b) Number of recipients (a) Type of grant or assistance PART I, LINE 2: 632102 11-01-18 Part III

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Schedule I (Form 990) (2016)

## **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

**Open to Public** 

OMB No 1545-0047

Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

IPSWICH EDUCATION FOUNDATION, INC	04-3290520
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MI	SSION:
PUBLIC SCHOOL SYSTEM	
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990 IS REVIEWED BY THE PRESIDENT AND THE TREASURER	PRIOR TO BEING
FILED. OTHER MEMBERS OF THE GOVERNING BODY DO NOT REVIEW	THE FORM PRIOR TO
BEING FILED.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQU	UEST